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Hog Creek Review

Exploring Context and Order Effects Among Measures of Dissociation, Fantasy Proneness, and Absorption

Abstract:

Correlations between some self-report measures of personality have been shown to vary as a function of the testing context (see Council, Kirsch, and Hafner, 1986). For example, Council, Kirsch and Grant (1996) reviewed several studies reporting a significant correlation between hypnotizability and absorption when the measures were completed in the same session. When the scales were completed in two separate sessions, as part of two different studies, the correlations often vanished to zero. The present investigation examined context effects across three common measures of dissociation (The Dissociative Experiences Scale; Questionnaire of Dissociation; and, the Cambridge Depersonalization Scale), and measures of absorption (Tellegen Absorption Scale) and fantasy-proneness (Inventory of Childhood Memories and Imaginings).

We administered the scales to N=340 undergraduate students at OSU Lima. We altered the order of scales and whether they were completed in one or two sessions. Furthermore, we informed one group of subjects that the two test sessions were part of two separate studies. We then examined the correlations between our scales. We did not find any evidence that the testing context, scale order, or participants' gender affected the correlation between the scales. We will discuss the implications of our findings.

The purpose of the present study was to explore whether the testing context and the order of scale administration affects the correlations between five personality scales. Previous work has shown that "the experience of completing a personality measure may influence a subject's responses to other measures administered later in the same setting" (Council, 1993, p. 31). Council and his colleagues (Council, Kirsch, & Hafner, 1986) have dubbed this a *context effect*. Context effects occur when correlations between measures differ depending on whether the scales are completed in a single testing session (typically resulting in a higher correlation) or in two sessions that are presented as part of separate and unrelated studies (typically resulting in a lower or no correlation).

The following example illustrates how the testing context may affect the correlation between scales. A person endorsing a number of items on a *test of absorption* may subjectively define themselves as being "high" or perhaps "unusually high" on this trait. This identification may bias how the person responds to questions on subsequent scales. Additionally, when a subject completes two scales in a single session, they might assume that the scales are related to one another and therefore become motivated to provide consistent responses across the scales. Previous research has shown that correlations between certain scales may disappear when the scales are administered in separate testing sessions (see Council, Kirsch, & Hafner, 1986). Such *context effects* are very important to understand because they suggest that something other than the traits in question are affecting the relationship between the scales.

In this study, we examined whether the testing context affected the correlations between five scales commonly used in personality research:

1. The *Tellegen Absorption Scale* (TAS; Tellegen & Atkinson, 1974) is a 37-item scale measuring absorption and openness to self-altering experiences. Sample items include: *While watching a movie, TV show or play, I find that I forget myself and my surroundings and experience the story as if it were real and I were taking part in it; I can be deeply moved by a sunset.*

2. The *Inventory of Childhood Memories and Imaginings (ICMI; Wilson & Barber, 1983)* is a 52-item scale measuring fantasy proneness and beliefs in magical happenings. Sample items include: *When I was a child I believed in such beings as fairies, leprechauns, or elves*; *I have felt, heard, or seen an apparition (a spirit or ghost); Many or most of my dreams tend to be at least as vivid as actual life experiences.*

3. The *Cambridge Depersonalization Scale (CDS; Sierra & Barrios, 2000)* is a 29-item scale assessing subjective feelings of being detached from oneself, having altered perceptions or experiences of oneself or the external world, or experiencing oneself or one's world as being strange or unfamiliar. Sample items include: *What I see looks flat or lifeless, as if I were looking at a picture; Parts of my body feel as if they didn't belong to me; Previous familiar places look unfamiliar, as if I had never seen them before.*

4. The *Questionnaire of Experiences of Dissociation (QED; Riley, 1988)* is a 26-item scale measuring dissociation, a failure to integrate thoughts, feelings and actions into

consciousness. Sample items include: *Sometimes I feel as if there is someone inside of me directing my actions; My soul sometimes leaves my body; I have had periods where I could not remember where I had been the day (or days) before.*

5. The *Dissociation Experiences Scale (DES; Bernstein & Putnam, 1986)* is a 28-item measure of dissociative experiences, the separation of mental processes. Sample items include: *Some people have the experience of finding themselves dressed in clothes that they don't remember putting on ...; Some people are sometimes told that they do not recognize friends or family members ...; Some people have the experience of looking in a mirror and not recognizing themselves* …. All items end with: *What percentage of time does this happen to you?*

For practical reasons, we divided our scale into two blocks. In one block, we administered the TAS and ICMI. In another block, we administered the three dissociation scales (i.e., CDS, QED, and DES). A total of N = 340 (n = 148 males; n = 192 females; M_{age}=20.23; SD=5.19) undergraduate students at The Ohio State University at Lima served as participants. They completed the scales under one of five conditions: 1) all five scales completed in a single test session; 2-3) two test sessions presented as part 1 and part 2 of the same study. We altered the order of the blocks of scales; 4-5) two test sessions presented as two different studies. Again, we altered the order of the blocks of scales. In the last two conditions, we used different consent forms, different researcher names, and different research assistants. At the end of the second session, we asked participants about the purpose of the (second) study. If they mentioned any link between the two studies, we excluded their data.

To examine the possibility of order effects, we contrasted the correlations of scales between the blocks (i.e., conditions 2 vs. 3; and then, conditions 4 vs. 5). Neither set of correlations statistically differed from one another. We next examined whether the testing context mattered. Here, we collapsed across block order and contrasted the correlations obtained from subjects completing the scales in two related sessions (i.e., conditions 2 and 3 together) with responses from subjects purportedly enrolled in two separate studies (i.e., conditions 4 and 5 together). Once again, no differences were found. We then collapsed across block order and context and contrasted the correlations between the scales with those obtained from subjects who completed all five scales together (i.e., conditions 2, 3, 4, and 5 vs. 1). No differences were found.

Given that we failed to find any evidence for context effects or block-order effects, we collapsed all of our data into one group and present the correlations between these scales. Finally, within our entire sample, we explored the possibility that the correlations between the scales differed for our male and female participants. They did not. We also examined the test-retest reliability coefficients for each scale (from subjects in condition 1). We will present our findings in a series of correlation tables. Finally, we will present mean scores on each of the scales by gender.

In conclusion, we did not find any evidence that scale order, testing context, or gender meaningfully affected the correlations between our scales. This should be reassuring to researchers and clinicians who use these scales because, based on our results, the relationship between the scales do not appear to be mediated by these nuisance variables.

References

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